

Human Resource Practices in Public Healthcare Sector: A Perceptual Study among Healthcare Professionals

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ABSTRACT

The study is aimed to identify various human resource practices in the public healthcare sector and to measure the level of human resource practices. The study adopts the perceptual view of healthcare professionals such as medical officers and staff nurses working in Primary Health Centres of Tamilnadu. A survey using a questionnaire is used to collect data from healthcare professionals. The results indicated that human resource practices such as job autonomy and job security are perceived to be useful and necessary, while training and performance management system are found to provide necessary inputs for carrying job duties and practices such as career growth opportunities and compensation need the attention of the officials of Health and Family Welfare department of Tamilnadu Government for enhancing the utility of these practices.

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1. INTRODUCTION

The report of the National Commission on macroeconomics and health has stated the real need for Human Resource Development policies related to recruitment, promotion and transfer and training so that policies on competencies and career opportunities could counter the demoralization and de-motivation among workforce in healthcare sector. Moreover, the behavior of health care professionals is also seen to be a significant issue in the quality of the service received by the patients and the overall performance of healthcare units. Thus the performance of healthcare unit seems to be largely affected by the issues pertaining to healthcare professionals. With respect to rural health system, delivery of primary healthcare is of prime importance. The Primary Health Centers (PHCs) are the focal points for delivery of health and medical care services in the rural area. Therefore the purpose of this paper is to measure the level of perception of HR practices among medical officers and staff nurses working in Primary Health Centers in Tamilnadu.

The Table 1 shows that countries with most maternal deaths have shown shortage in health work force. Though TamilNadu has 29 health workers per 10,000 population against WHO's definition of 25 workers for 10000 population (National Sample Survey Organization, 2004- 2005), PHCs in TN still report the need for health workers. In PHC, health workers play a crucial in increasing delivery rate from 6.3 % in 2002-03 to 19.68% in 2008-09 [1].

Table 1. Countries with high maternal mortality shows high health workforce shortage [1]

Country	Maternal mortality		Health work force	
	Ranking for MDs	Annual MDs deaths (in 1000)	Ranking HWF needed	Estimated shortage (in 1000)
India	1	68	1	515
Pakistan	3	20	4	202
Uganda	16	5	22	28
China	18	7	-	-

The Table 2 clearly shows the success of PHCs over the years and emphasizes the importance of carrying out a study among health officials who are behind this success story. Hence a study that measures the perception of human resource management practices among medical officers and staff nurse working in PHCs would be worthy at this moment. Moreover, there is no systematic study so far carried to understand the perception of HR practices among medical officers and staff nurses with special reference to PHCs. Although there are numerous studies on human resource practices, there are very less studies that measures human resource practices in healthcare sector, particularly from employee perspective.

Table 2. Year wise performance of PHCs in Tamil Nadu

Year wise performance of PHC	2007-2008	2008- 2009	2009- 2010 Upto Dec.2009
Average no. of Out-Patients per PHC per day	134	140	141
Average no. of In-Patients per PHC per month	37	45	53
Percentage of deliveries in PHC per month	9	15	16

Source: www.tnhealth.org

Research studies have clearly shown the positive influence of human resource (HR) practices in enhancing organizational performance [2]-[4] and improving employee attitudes like employee commitment, job satisfaction, perceived organizational support, employee performance and employee motivation [5]. Moreover, the employees' attitudes towards HR practices are seen as drivers of discretionary behavior [6]. Especially in a service sector, the behavior of healthcare professionals (doctors and nurses) towards the patients relies on professionals' attitude towards their work. HR practices are the communication from the organization and they elicit certain kind of behavior among employees. With the growing importance of meeting the Millennium Development Goals [7],[8], the Indian public health care sector is showing greater interest in improving health care indicators. The public health system is facing challenges like large scale absenteeism, absence of performance based monitoring, inequalities in available skills, movement of health workers from public to private, public outcry of poor performance of health personnel, negative attitude and low motivation of health workers and limited opportunities for career advancement. At this juncture, it is important to look into the human resource policies in the public healthcare sector for retaining the health workforce and to provide quality health services. The purpose of this study is to identify various human resource practices in public healthcare sector and to measure the level of human resource practices through the perceptual study among medical officers and staff nurses.

2. LITERATURE REVIEW

HRM has been defined as a term to represent that part of organisation's activities concerned with the recruitment, development and management of its employees [9]. When the level of perception of HRM practices is high, the employees score high on work-related attitudes [10]. Moreover the HRM practices have shown to influence employee attitudes like job satisfaction and organizational commitment [11]. HR practices include training, pay and promotion, opportunities for recognition, etc. Relying on social exchange theory and the norm of reciprocity, HR practices are proposed to shape workforce attitudes by modeling employees' perceptions about the organization. Career growth prospects are found to be a significant positive predictor of overall organizational citizenship behaviour [12]. In retail setting, professional development of customer contact employees is found to be a predictor of organizational citizenship behaviour [13]. The incentive programs are aimed to increase specific behavior in employees [14]. Pay satisfaction of public school teachers is found to be positively related to district level academic performance and negatively related to teacher's intention to quit [15]. Employee perception of rewards equity and recognition is found to show direct effect on prosocial organizational behaviour [16]. Employees of Fortune Global 100 Company in Korea showed greater in role performance, when they perceived higher job autonomy. It is also found that the job autonomy predicted in-role performance [17]. Government administrative employees who perceived

higher job autonomy are rated above average by their supervisors in terms of contextual performance [18]. But the results of Chiu and Chen's study [19], did not show relationship between job autonomy and organizational citizenship behavior. Moreover, intrinsic motivation is found to fully mediate the relationship between job autonomy and job performance [20]. Pay satisfaction of public school teachers is found to be positively related to district level academic performance and negatively related to teacher's intention to quit [15].

According to social exchange theory, employees seek and maintain relationship that promise for a high reward for their contribution. Employees show discretionary effort, when they are satisfied with the rewards like promotion. They show attachment towards their organisation, when they believe that they are being treated as resources to be developed [21]. An investment in general development is found to be positively associated with commitment, and those who are more satisfied with opportunities to enhance their employability in their current firms, are much more committed than those who are not satisfied [22]. If the employee's acceptance on the existence of practices like selection, pay for performance is high, the future performance of the firm is expected to be high with the mediating effect of organizational commitment (OC) [3] Studies on commitment clearly showed that the committed employees are more likely to remain in the organisation and work towards the organisation goals [23]. The employee satisfaction with individual development mediated the relationship between employee development oriented HRM practices (like training) and OC [24]. The overall perception about the effectiveness of HRM practices positively influences OC [25]. The HRM practices like performance appraisal, compensation, and career development have shown a positive and direct influence on affective commitment among IT employees [26]. HRM practices like consultation in posting, role of training subordinates, importance to job security showing a positive relation in bringing OC [27].The opportunity for promotions has shown a positive influence on professional commitment [28]. The investment in the career development of health officials would retain continued interest in the profession. Participation in technical decisions is a significant predictor of professional commitment [29]. Rewards and recognition based on performance would create a competitive climate among health officials that would prove their involvement in the profession. Supervision would help health officials to correct their mistakes and learn better ways of improving their performance. Higher the job security, health officials do not have to think about the risk of losing jobs and could concentrate on clinical activities). The study of Maheswari et al. [27] conducted among Gujarat state health officials found that medical officers show a greater professional commitment than their commitment towards PHCs.

As per Herzberg [30], the motivating factors like achievement, recognition in the job, the job performed, responsibility, promotion and the factors related to job itself result in job satisfaction. The HRM practices like training, pay practices have shown positive significant effect on overall job satisfaction [31]. Those employees, who attach the possibility of getting high pay for the job they perform, show higher levels of job satisfaction [32]. In addition to pay, employees opine that fringe benefits lead to higher levels of job satisfaction especially the availability of pension influences the job satisfaction of employees [33]. Employees' perception of empowerment influences job satisfaction [34]. From the above discussion, it is clear that human resource practices are necessary to achieve positive organizational outcomes and individual outcomes.

3. RESEARCH METHODOLOGY

The population for the study includes all medical officers and staff nurses working in 1539 PHCs of TamilNadu [35]. The sample includes Medical Officers (MO) and Staff Nurses (SN) working in Vellore Health Unit District (HUD), Saidapet HUD, Kanchipuram HUD and Tiruvannamalai HUD. These four HUDs have been selected because the researcher has been permitted to undertake survey in those PHCs. Under each HUD, PHCs with a minimum of two MOs and three SNs are selected for the present study. The medical officers and staff nurses within the selected PHCs are selected based on their availability in the PHC. This study considers a sample size of 323 with 130 MOs and 193 SNs. Questionnaire is used to collect primary data from MOs and SNs using survey method. Preliminary interviews have been conducted with medical officers, staff nurses and other PHC staffs to understand the functioning of PHCs and human resource practices. Items to measure training, career growth opportunities, job security, compensation and job autonomy are adapted from Maheswari et al. [27]. Items to measure performance management system are adapted from Brisnav and Rangnekar [36]. Some of the sample items are to measure human resource practices are: "Training provided to me meets my job requirements, Amount of training given to me satisfactory, Group performance is given more importance than individual performance, there is no partiality while making promotional decisions based on seniority, I can pause in work whenever I want".

All the items are measured on a five- point Likert scale. The sample size includes 323 healthcare professionals including 130 medical officers (male= 79 ; female= 51)with an average age of 34 years, work

experience in the current PHC of 2.7 yrs and total work experience of 5.8 yrs and 193 staff nurses with an average age of 25 yrs, work experience in this PHC of 2.1 yrs and total work experience of 2.7 yrs. The study includes 73 PHCs comprising of 13 block level PHCs, 64 additional PHCs, 6 blocks & upgraded PHC and 3 additional & upgraded PHCs from four different health unit districts of 25 from Vellore health unit district, 18 from Saidapet health unit district, 14 from Kanchipuram health unit district and 29 from Tiruvannamalai health unit district. In order to identify various human resource practices, exploratory factor analysis has been carried. The level of identified human resource practices are measured by carrying out descriptive analysis. The SPSS of version 20 is used to carry out the analysis.

4. DATA ANALYSIS

The first step is to undergo exploratory factor analysis to understand the grouping of HR practices in the study context. Exploratory factor analysis is used to assess the unidimensionality and validity of the constructs. The factor loading above 0.6 are considered in this study. The items to measure the independent variables- HR practices have underwent varimax rotation. The items have loaded highly onto a single factor and have loaded less on other factors indicating unidimensionality and convergent validity with the variance extraction of 74.39%. The items of HR practices loaded on six factors (from Table 3). Cronbach alpha is used to access the scale reliabilities and the alpha values ranged from 0.70 to 0.91 meeting the standards (Table 4).

Table 3. Results of EFA on HR practices

Items\ Loading	Job autonomy	Compensation	Career growth opportunities	Job security	Performance management system	Training
T1	-.032	.085	.069	-.001	.010	.855
T2	-.058	.036	.071	.017	.180	.855
T3	.099	.037	.145	.140	.322	.512
P1	.166	-.002	.173	.143	.793	.158
P2	.077	.068	.152	.213	.761	.109
P3	.031	.310	.094	.009	.611	.127
Ca3	.075	.206	.791	.001	.243	.107
Ca4	.115	.133	.885	.060	.178	.099
Ca5	.065	.166	.850	.069	.043	.076
JS1	.232	.076	.136	.779	.086	.045
JS2	.244	.086	.056	.830	.086	.168
JS3	.053	.163	-.050	.691	.178	-.064
C1	.026	.882	.138	.160	.117	.070
C2	.039	.922	.145	.110	.112	.065
C3	.098	.865	.218	.085	.083	.033
Jo3	.874	.006	.086	.172	.067	.012
Jo4	.918	.072	.090	.176	.128	.005
Jo5	.915	.085	.074	.159	.086	-.041

The Table 4 indicates the results of factor analysis. All the items to measure training are loaded into single factor, similarly all the items of respective variable loaded into corresponding factors. Moreover all the factor loadings are above 0.6.

Table 4. Descriptive statistics, reliability values and correlation among study variables

Construct	CA	Mean	S.D.	Correlation values			
				TRG	PMS	CGO	JS
TRG	0.66	3.81	0.41	1			
PMS	0.69	3.61	0.61	0.40**	1		
CGO	0.86	2.13	0.79	0.28**	0.40**	1	
JS	0.70	4.43	0.50	0.17**	0.35**	0.18**	1
COM	0.91	2.17	0.96	0.18**	0.32**	0.34**	0.29**
JA	0.92	4.58	0.49	0.06	0.26**	0.22**	0.40**
						0.16**	1

*p<0.05, **p<0.01 (two tailed) CA- Cronbach Alpha; S.D.- Standard Deviation; TRG- Training; PMS- Performance management system; CGO- Career growth opportunities; JS- Job security; COM- Compensation; JA- Job autonomy

The first column of the Table 4 indicates the Cronbach alpha values of the constructs. The reliability values of the constructs ranged from 0.66 to 0.92. The second column indicates the mean values of the constructs. The health care professionals have reported low on career growth opportunities and on

compensation practices, while rated high on job autonomy and job security practices. This implies that greater job autonomy is one of the main reasons for the better functioning of primary health centres followed by high job security which is a key factor for healthcare professionals to join the public set up. The mean values of training and performance management system are slightly above average. The healthcare professionals undergo continuous training and moreover Tamilnadu health system project implements training plan for all PHC staffs. Therefore healthcare professionals would consider training as a routine activity. With respect to performance management system, there is no stringent system to measure healthcare professionals' performance although performance audits are conducted to verify various records maintained at PHC level. The healthcare professionals get feedback about their performance from their supervisors while on-the- job and during monthly meetings.

The relationship among the human resource practices are investigated using Pearson Product Moment Correlation Coefficient. As shown in the Table 4, the HR practices are positively correlated with each other. From the bivariate correlation table, the correlation values among the human resource practices range 0.06 to 0.40.

5. DISCUSSION OF FINDINGS

The study attempted to identify various human resource practices and the level of human resource practices among healthcare professionals. This study contributes to the literature on human resource practices. The results of the study indicated that the healthcare professionals' perceptions about job autonomy and job security are found to be high. Moreover job autonomy is necessary for healthcare professionals to provide quality service to patients. One of the reasons for healthcare professionals to choose public set up is job security. Therefore, it is obvious that they would involve in activities that would benefit their organization. High level of job autonomy in PHCs give a feeling of pride and happiness to healthcare professionals, that meets the higher level individual needs according to Herzberg two factor theory. Although there is no formal system of managing healthcare professionals' performance, the supervisor provides feedback to the healthcare professionals. For staff nurses, the in-charge medical officer acts as immediate supervisor and for medical officers, the block medical officer acts as immediate supervisor. Based on the nature of relationship with the supervisor, the healthcare professionals would enjoy job autonomy.

The results of the study establish the psychological process of the healthcare professionals. They provide important implications to the Health and Welfare department of Tamilnadu. The job autonomy has been identified as an important HR practice that is prevailing in the public health set up. In the health care context, health care professionals with high level of job autonomy are able to carry out their job well and also extend an extra mile to provide additional services to other individuals in the work place and to the patients. Job security has seen to be attractive among healthcare professionals that they remain with the organization.

6. CONCLUSION

The results of the study indicated that the human resource practices are varying in their level as per the perception of healthcare professionals. Job autonomy and job security are perceived to be highly necessary among the healthcare professionals. Training and performance management system are perceived to provide necessary skills and knowledge inputs for carrying out job duties of primary health centres. Finally, the growth opportunities and compensation are those practices that require attention from the higher officials for enhancing the utility of those practices. The study has focused to measure the perception of HR practices among medical officers and staff nurses working at the tertiary level of public health system. Although there would be slight variations in HR policies across different levels of public health system, health care professionals' perception of HR practices could be measured and compared at different levels.

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